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FACILITY

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Division of Health Care Facilities FORM APPROVED STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CUA (X2) MULTIPLE CONSTRUCTION DENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED A BUILDING 01 - STATE BUILDING B, WING TNPL53766 NAME OF PROVIDER OR SUPPLIER 07/14/2011 STREET ADDRESS, CITY, STATE, ZIP CODE CARESTONE AT RIVERGATE 94 TWIN HILLS DRIVE MADISON, TN 37115 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) (D PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (X5) COMPLETE DATE TAG DEFICIENCY (D 001): 1200-08-25 Initial (D 001) The following This Rule is not met as evidenced by: constitutes Carestone An annual survey was conducted on 5/10/11. The at Rivergate's (the facility was cited the following tags: D901, D916, facility) response to the D923, D1001, D1002, D1023, D1024, D1027, Statement of Licensing D1028, D1032, D1035, D1039, D1045, and D1601. The facility submitted their plan of Violations (the correction with a completion date of 7/11/11. "Statements of Violations") issued by B-13-11 A follow up survey was conducted on 7/14/11 to the Tennessee verify that the corrections were completed, Department of Health, During the survey the facility was recited the following tags: D901, D916, D923, D1001, Division of Health Care D1002, D1028, D1032, D1035, and D1039, Facilities, on May 10and18, 2011, and its (D 901) 1200-08-25-.09 (1) Building Standards Plan of Correction. (D 901) (1) An ACLF shall construct, arrange, and The facility does not maintain the condition of the physical plant and the overall ACLF living facility environment in admit to the truth or such a manner that the safety and well-being of accuracy of the residents are assured. statements or allegations contained in the Statement of This Rule is not met as evidenced by: Violations and nothing Based on observations, it was determined the facility failed to maintain the condition of the contained in either the physical plant and overall environment. Statement of Violations or the Plan The findings include: of Correction should be Observations made during a tour of the facility on construed as an 7/14/11 revealed the following: admission by the Facility as to the 1. At 10:00 AM, a section of soffit was missing validity or accuracy of and the area around it was deteriorated at the eave over hanging the kitchen area at the rear of the allegations set forth in the Statement the facility. of Violations. Division of Health Care Facilities

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Division of Health Care Facilities STATEMENT OF DEFICIENCIES OF PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING 01 - STATE BUILDING B, WING TNPL53766 NAME OF PROVIDER OR SUPPLIER 07/14/2011 STREET ADDRESS, CITY, STATE, ZIP CODE CARESTONE AT RIVERGATE 94 TWIN HILLS DRIVE MADISON, TN 37115 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) ID PREFIX TAG TAG (D 901) ! Continued From page 1 (D 901) 2. At 10:05 AM, there was a hose laying in a puddle of water, attached to the building without a vacuum breaker or other such device to prevent Preparation, back siphoning of dirty water into the potable submission, and water system. implementation of this plan of correction are 3. At 10:08 AM, there was a section of 18-13-11 downspout missing from the North East corner of done solely to meet the mandates of the the building. Tennessee Department 4. At 10:12 AM, it was observed that the exterior of Health Licensing trim of the facility is deteriorated and in need of paint and caulk to prevent further deterioration of Laws. The Facility the wood surfaces. reserves the right to move to strike to 6. At 10:15 AM, the door leading to an interior exclude this document corridor at the West side of the courtyard was as evidence in any civil badly rotted at the bottom. or criminal action. . 7. At 10:20 AM, the South East exit corridor door was bent and open to the outside. However, the Facility remains committed to 8. At 10:25 AM, the carpet was pulling up the delivery of quality causing a trip hazard in room 229 at the door health care services in entry. compliance with all 9. At 10:28 AM, the carpet was pulling up regulations and submi causing a trip hazard in room 244 at the door this Plan of Correction entry. as required by law. 10. At 10:30 AM, there was an unprotected trap in an accessible public restroom near room 256. These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 7/14/11. C/O #27725 Division of Health Care Facilities STATE FORM

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HEALTH CARE FACILITY

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Division of Health Care Facilities PRESENT OF DEFICIENCIES DIFLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (PC) MULTIPLE CONSTRUCTION X3) DATE SURVEY COMPLETED A BUILDING 01 - STATE BUILDING B. WING TNPL53766 NAME OF PROVIDER OR SUPPLIER 07/14/2011 STREET ADDRESS, CITY, STATE, ZIP CODE **CARESTONE AT RIVERGATE** 94 TWIN HILLS DRIVE MADISON, TN 37116 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X6) COMPLETE CATE PREFIX TAG TAG (D 916) 1200-08-25-.09 (16) Building Standards (D 916) 1200-08-25-.09 (1) : (15)The licensed contractor shall ensure through **Building Standards** the submission of plans and specifications that in each ACLF: I. Maintenance (a) A negative air pressure shall be maintained in Director the soiled utility area, tollet room, janitor's closet, and/or dishwashing and other such soiled spaces, and a designee will positive air pressure shall be maintained in all hire contractor clean areas including, but not ilmited to, clean to fix soffit at linen rooms and clean utility rooms; the overhang (b) A minimum of eighty (80) square feet of outside of the bedroom space must be provided each resident. kitchen. No bedroom shall have more than two (2) beds. 2. MD and/or Privacy screens or curtains must be provided and used when requested by the resident; designee shall install a (c) Living room and dining areas capable of backflow accommodating all residents shall be provided. with a minimum of fifteen (15) square feet per preventer on resident per dining area; and the faucet outside of the (d) Each toilet, lavetory, bath or shower shall kitchen to serve no more than six (6) persons. Grab bers and non-slip surfaces shall be installed at tubs prevent dirty Water from and showers. contaminating the potable water system. This Rule is not met as evidenced by: Based on observations, it was determined the MD and/or facility failed to ensure proper air pressures. designee shall fix the The finding include: downspout at the NE corner Observations of the facility on 7/14/11 at 10:40 AM, the soiled and clean laundry facilities were of the within the same compartment and not separated building. MD by a wall or door and could not maintain the and/or Division of Health Care Facilities STATE FORM

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NAME OF	PROVIDER OR SUPPLIER		STREET ADD	REGS, CITY, ST	ATE, ZIP CODE		14/20
CARES	TONE AT RIVERGATE	•	94 TWIN H MADISON,	ILLS DRIVE TN 37115		•	
(X4) ID PREPIX TAG	REGULATORY OR L	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SCIDENTIFYING INFORMA		ID PREFIX TAG	PROVIDER'S PLAN OF CO [EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE I APPROPRIATE	co
(D 923)	Solled and clean als	re air pressures requires. iffied by the maintens rowledged by the the exit conference of the following ed twenty-four (24) has evidenced by: as evidenced by: as records review, are personnel the facility of the facil	g alarms ours per	(D 916) D 923)	designee s inspect downspour ensure they are appropriate connected periodicall 4. Executive Director, M and/or designee sh obtain bids fix and pair any exterior that are deteriorati 5. MD and/or designee s replace to rotted door the West s of the building. 6. MD and/or	ts to y cly y. ID to nt r s ng or hall the r at ide	81:
i 1. lin an co	At 11:00 AM, upon nes from the alarm sy nunciation was recei ould be obtained from	removal of commun stem dialer no local ved and no confirma any supervising stal	tion ion.		designee si repair or replace do South East exit.	hall i	
: ad : 7/1	nese findings were verther visor and acknow iministrator during the 14/11. Care Facilities	iedded by the	ance		7. MD and/or designee sl repair or replace car	hall	

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ME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CI	Y STATE ZIP CODE	<u> </u>	14/2011	
ARESTONE AT RIVERGATE		94 TWIN HILLS DE MADISON, TN 371	UVE			
TREFIX CONVINUEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FI C IDENTIFYING INFORMATI	JLL PREFIX ON) TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION OROSS-REFERENCED TO THE DEFICIENCY)	n skould be	COMPLET DATE	
D 923) Continued From pag	je 4	(D 923)	preventing	in	 -	
C/O #27725	•	(0.020)	room 229			
1		1	preventing	anv	1	
D1901): 1200-08-25-,10 (1) Life Safety			trip hazard		-	
			8. MD and/or		}	
(1) The department	will consider any ACL	Fthat	designee sh			
Compiles with the rea	uired applicable build s at the time the Board	ina andi	repair or			
i adopts new codes or	' POUI Atione, co iona -	an euch i	replace can	net		
; compagnice is mainte	ilited feither with ocui	thout	preventing			
: waivers of specific bi	'Ovisione's fo he in	1	room 244			
compliance with the codes or regulations.	'80Uilements of the no	₩ į	preventing	anv	1	
andos or regulations.			trip hazards		1	
•		į	9. MD and/or		2012	
<u> </u>			designee sh		8754	
This ELEMENT is no	t met as evidenced by	r.	insulate]] [
Based on observation facility falled to compl	i konirmateh 26₩ 11 <i>2</i> 1	he j	unprotected	1	ļ ,	
appiicable building an	d safety requirements	in	trap in publ		لداه امرا	
use at the time of ado	ption,	''''	restroom ne		[XII2]N	
The findings include:		1	room 255.	,	~ ~	
. The mongs include:			C/O #27725			
Observations made do	Jring a tour of the faci	lity on	0.0			
7/14/11 revealed the f	pllowing:	aty Oil	1200-08-2509	,		
:		Ì	(16) Building			
1. At 11:05 AM, the st	airway (vertical exit) d	loor	Standards			
did not self close and bottom of stairwell #1.	sositively laten at the	į	o tantaires			
•		[MD and/or			
2. At 11:07 PM, at roo	m 258 the door has a	½"	designee shall h	vire		
, gap at the top and is n	ot smoke resistant.	i	a contractor to			
3 At 11:10 AM the st	airway (vertical exit) d	}	construct a	İ		
did not self close and p	anway (vertical exit) (i losilively latch at the t	por ! on of !	division to	ļ		
stairwell #1.) !	provide a positi	1/4		
		ł	,	•		
4 At 11:59 AM, the kits nozzles did not provide	chen hood suppression	រព 🕴	and negative air	! }		
invesies ato not brovide	COVERAGE for all	1	pressure as	3		

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Division of Health Care Facilities STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X3) DATE SURVEY COMPLETED (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING 01 - STATE BUILDING 07/14/2011 TNPL53766 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 94 TWIN HILLS DRIVE **CARESTONE AT RIVERGATE** MADISON, TN 37115 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) 切 PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE ID PREFIX TAG TAG DEF(CIENCY) and clean areas in (D1001): Continued From page 5 {D1001} the laundry room. 5. At 12:04 PM, entrance fire door to the kitchen 1200-08-25-.09 was missing door closure. (23) Building These findings were verified by the maintenance Standards supervisor and acknowledged by the administrator during the exit conference on 7/14/11. MD and/or designee shall C/O #27725 contact the alarm company to (D1002) 1200-08-25-.10 (2)(a) Life Safety (D1002) program the dialer to send a trouble (2) An ACLF shall ensure fire protection for residents by doing at least the following: signal for breaks in the (a) Eliminate fire hazards: communication line. This Rule is not met as evidenced by: Based on observations, it was determined the 1200-08-25-.10 facility failed to ensure fire protection by the (1) Life Safety elimination of fire hazards. The findings include: MD and/or designee shall Observations made during a tour of the facility on repair or 7/14/11 revealed oxygen not in use being stored replace the inside sleeping rooms in the following locations: door closure to 1. At 1:25 PM, room 232 had 13 "E" cylinders ensure door of oxygen in storage. functions appropriately. These findings were verified by the maintenance 2. MD and/or supervisor and acknowledged by the administrator during the exit conference on designee shall 7/14/11. repair or adjust door to close the gap **Division of Health Care Facilities** STATE FORM

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Division of Health Care Facilities STATEMENT OF DEFICIENCIES
'ND PLAN OF CORRECTION (X3) DATE SURVEY COMPLETED (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION 01 - STATE BUILDING A BUILDING B. WING TNPL53766 07/14/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 94 TWIN HILLS DRIVE **CARESTONE AT RIVERGATE** MADISON, TN 37115 Summary Statement of Deficiencies (Each Deficiency Must be preceded by Full Regulatory or LSC Identifying Information) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID PREFIX TAG PREFIX TAG DEFICIENCY) creating a (D1028) Continued From page 6 (D1028) smoke (D1028), 1200-08-25-.10 (5)(g) Life Safety (D1028) resistant barrier. (5) An ACLF shall take the following precautions regarding electrical equipment to ensure the 3. MD and/or safety of residents: designee shall repair or (9) Prohibit use of extension cords. replace the door to ensure it is operating This Rule is not met as evidenced by: effectively. Based on observations, it was determined the 4. MD and/or facility falled to ensure fire protection for residents by prohibiting the use of extension cords. designee shall have the The findings include: kitchen hood suppression Observations made during a tour of the facility on 7/14/11 revealed extension cords in use in the nozzle i following locations: realigned again to 2. At 12:05 PM, in room 229 ensure all i These findings were verified by the maintenance appliances all supervisor and acknowledged by the properly administrator during the exit conference on covered. 7/14/11. 5. MD and/or designee shall (D1032) 1200-08-25-.10 (6)(d) Life Safety (D1032) replace door (6) If an ACLF allows residents to smoke, it shall closure on the ensure the following: kitchen door. C/O 27725 (d) Written policies and procedures for smoking within the ACLF shall designate a room or rooms to be used exclusively for residents who smoke. 1200-08-25-.10 The designated smoking room or rooms shall not (2)(a) Life Safety be the dining room, the activity room, or an individual resident sleeping unit, and; MD and/or

Division of Health Care Facilities

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Division of Health Care Facilities (X3) DATE SURVEY COMPLETED STATEMENT OF DÉFICIENCIES ID PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION PROVIDER/SUPPLIER/CLIÁ IDENTIFICATION NUMBER: 01 - STATE BUILDING A. BUILDING B. WING 07/14/2011 TNPL53766 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 94 TWIN HILLS DRIVE **CARESTONE AT RIVERGATE** MADISON, TN 37115 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX PREFIX TAG TAG designee shall (D1032) (D1032) Continued From page 7 ensure "E" cylinders of This Rule is not met as evidenced by: Based on records review, it was determined the oxygen are facility falled to ensure fire protection for residents properly stored by providing written smoking policies and from room 232 in procedures. an appropriate The finding include: location. Records review on 7/14/11 at 12:10 PM, revealed 1200-08-25-.10 that the written smoking policy and procedures (5)(g) Life Safety was not provided. This finding was verified by the maintenance MD and/or supervisor and acknowledged by the designee shall administrator during the exit conference on periodically check 7/14/11. room 229 and other rooms to C/O #27725 ensure compliance with prohibiting (D1035), 1200-08-26-.10 (8)(a) Life Safety (D1035) the use of (8) An ACLF shall ensure that: extension cords. (a) The ACLF maintains all safety equipment in . 1200-08-25-.10 good repair and in a safe operating condition; (6)(d) Life Safety This Rule is not met as evidenced by: Executive Based on observations and records review, it was Director and/or determined the facility failed to maintain all safety designee shall equipment in good repair and in safe operating ensure there is a ¿ condition. written smoking The findings include: policy and procedure is Observations made during a tour of the facility on provided. 7/14/11 revealed the following:

Division of Health Care Facilities

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Division of Health Care Facilities (X3) DATE SURVEY STATEMENT OF DEFICIENCIES "YD PLAN OF CORRECTION (XZ) MULTIPLE CONSTRUCTION (X1) PROVIDERISUPPLIERICLIA IDENTIFICATION NUMBER: COMPLETED 01 - STATE BUILDING A BUILDING B. WING. 07/14/2011 TNPL53768 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 94 TWIN HILLS DRIVE CARESTONE AT RIVERGATE Madison, TN 37115 PROVIDER'S PLAN OF CORRECTION
HEACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY) (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) id Prefix Tag (X4) ID PREFIX TAG C/O #27725 (D1035). Continued From page 8 (D1035) 1200-08-25-.10 : 1. At 12:25 AM, the fire department connection (8)(a) Life Safety did not have the proper signage. 1. MD and/or Residential type sprinklers were installed within the same compartments as standard type Designee shall sprinklers in the following locations: ensure proper signage is a. At 12:30 PM, in the study installed b. At 12:35 PM, in the lounge indicating the fire 3. At 12:40 PM, the exit light over the South department West double door adjacent to the fireplace was connection. not Illuminated. 8/13/4 2. MD and/or 4. The battery back-up for the exit lights were designee shall not operable in the following locations: contract with a sprinkler a. At 12:43 PM, in the lobby company to b. At 12:58 PM, at the North West smoke door replace the on the 2nd floor residential type sprinklers These findings were verified by the maintenance in the study supervisor and acknowledged by the administrator during the exit conference on and the : 7/14/11. lounge. MD and/or C/O #27725 designee shall ensure light (D1039): 1200-08-25-.10 (9) Life Safety (D1039) adjacent to the (9) An ACLF shall post emergency telephone fireplace over numbers near a telephone accessible to the the South residents. West double door is This Rule is not met as evidenced by: illuminated · Based on observations, it was determined the and perform ! facility failed to post the emergency telephone

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TID PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNPL53766	A. BUILDING B. WING	CONSTRUCTION 01 - STATE BUILDING	(X2) DATE SURVEY COMPLETED R 07/14/2011
NAME OF PROVIDER OR SUPPLIER CARESTONE AT RIVERGAT	STREET AD	DRESS, CITY, STA HILLS DRIVE I, TN 37115	TE, ZIP CODE	
PRÈFIX (EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ION (AS) RED BE GOMPLE DPRIATE DATE
Observations of the revealed that the finding was very supervisor and act	accessible talephone. e: e facility on 7/14/11 at 1:00 PM, acility falled to provide one numbers for residents at erified by the maintenance	(D1039)	periodic checks. 4. MD and/or designee shall ensure the battery backup are operable on the exit signs in the lobby, NW smoke door on the second floor and throughout the facility. C/O # 27725 1200-08-2510 (9) Life Safety Executive Director and/or designee shall ensure emergency telephone numbers are posted for the residents.	8/3/

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Division of Health Care Facilities (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED A. BUILDING 01 - STATE BUILDING B. WING 05/10/2011 TNPL53766 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 94 TWIN HILLS DRIVE CARESTONE AT RIVERGATE MADISON, TN 37115 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX PREFIX DAYE REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY) D 001 D 001 1200-08-25 Initiat Life Safety The following constitutes Carestone at Rivergate's (the This Rule is not met as evidenced by: facility) response to the An annual survey and complaint # 27725 were completed at Carestone at Rivergate on May 10. Statement of Licensing Violations 2011. Defiencies were cited. See below. (the "Statements of Violations") issued by the Tennessee D 901 D 901, 1200-08-25-.09 (1) Building Standards Department of Health, Division of Health Care Facilities, on May (1) An ACLF shall construct, arrange, and 10and18, 2011, and its Plan of maintain the condition of the physical plant and Correction. the overall ACLF living facility environment in such a manner that the safety and well-being of residents are assured. The facility does not admit to the truth or accuracy of the statements or allegations This Rule is not met as evidenced by: contained in the Statement of Based on observations, it was determined the Violations and nothing contained facility failed to maintain the condition of the physical plant and overall environment. in either the Statement of Violations or the Plan of The findings include: Correction should be construed as an admission by the Facility as Observations made during a tour of the facility on to the validity or accuracy of the 5/10/11 revealed the following: allegations set forth in the Statement of Violations. 1. At 7:39 AM, a gutter was hanging loosely from the roof above the fire department Preparation, submission, and connection and not performing the intended implementation of this plan of function of directing water away from the correction are done solely to foundation of the building. meet the mandates of the Tennessee Department of Health 2. At 7:42 AM, a section of soffit was missing and the area around it was deteriorated at the Licensing Laws. The Facility eave over hanging the kitchen area at the rear of reserves the right to move to the facility. strike to exclude this document as evidence in any civil or 13. At 7:43 AM, there was a hose laying in a criminal action. puddle of water, attached to the building without a Division of Health Care Facilities (XG) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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AME OF PRO	OVIDER OR SUPPLIER		STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
CARESTO	NE AT RIVERGATE	:	94 TWIN I	HILLS DRIVE I, TN 37115			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPLETE CATE
th 5. tri part th 6. dc wins 10. de the no. 11. bal wh.	ack siphoning of direct system. At 7:45 AM, the ownspout missing the building. At 7:48 AM, it with immore that and caulk to perior and window the partially missing from the courty and the courty and and laying at 8:01 AM, the partially missing from the the courty and laying at 8:01 AM, the pridor at the West at 8:03 AM, the ridor at the West at 8:03 AM, the ridor at the ground laying at 8:03 AM, the ridor at the side at the bound and laying at 8:03 AM, the ridor at the West at 8:03 AM, the ridor at the ground longer performing at 8:44 AM, the fithroom near the kithroom near the kithroom near the kithroom near the side at the side at the side at the kithroom near the kithroom near the kithroom the side at the kithroom near the kithroom nea	other such device to firty water into the politic water into the politic was a section of from the North East was observed that the deteriorated and in near event further deterior at was badly rotted a macurrounding the dottes of the fireplace locates of the fireplace locates of the grounds.	corner of exterior eed of ration of nd loose ors and cated a missing hin the terior was ing from atter vn from rtyard, in,	D 901	However, the Facility recommitted to the delix quality health care server compliance with all regards submit this Plan of Correction as required 1200-08-2509 (1) Building Standards D S	very of vices in gulations f by law. O01 nance nee will s ely: e a ix gutter missing he facility. esignee will se is se storage ll to vater otable e ix gutter tain bids painted ood	2011

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE		(X2) MULTIPLE A. BUILDING B. WING	CONSTRUCTION 01 - STATE BUILDING	(X3) DATE S COMPL	
AME OF F	PROVIDER OR SUPPLIER	TNPL53766	CTREET AND	RESS, CITY, STA	TE ZIR CORE	00/1	W2011
	ONE AT RIVERGATE		94 TWIN I	HLLS DRIVE , TN 37115	ide, all Goba		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY SC (DENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD 8E	(X5) COMPLE DATE
Ð 901	the public bathroom near the kitchen. 13. At 9:03 AM, there was improperly terminated plumbing under the cabinet in the theater room. 14. At 9:30 AM, there was an improperly supported plumbing vent pipe in the South East corner of the attic. 15. At 11:53 AM, the ceiling was deteriorated from previous water leaks in the lounge. 16. At 11:56 AM, the South East exit corridor door was bent and open to the outside. 17. At 12:58 PM, the door hardware to room 205 was malfunctioning from inside the room and only operated in one direction, leaving the occupant at risk of entrapment.		D 901	6. Facility will represent the door to the courtyard appropriate. 7. Facility will represent from the facility will represent the door to the courtyard appropriate. 9. Maintenance D and/or designe ensure all wind the appropriate securely fasten window frame.	rs leading d as ace or shutters d air or rs leading d as irector will ows have screens d to the	201	
entered and a figure factor opening pro-	18. At 1:18 PM, the a trip hazard in roor 19. At 1:40 PM, the a trip hazard in roor 20. At 8:55 AM, the an accessible public 21. At 2:50 PM, the inoperable.	e carpet was pulling up 229 at the door ent carpet was pulling up 244 at the door ent re was an unprotected restroom near room front door canopy light kitchen storage closure sprinkler.	ry. p causing ry. ed trap in 1 255. thts were		10. Facility will hire contractor to fit system. 11. Facility will represeparating floor public restroom dining room. 12. Maintenance drand/or designer repair toilet to leaking in the prestroom by the room. 13. Maintenance di	k gutter lace ring in the laby the licector le will prevent ublic la dining	To a farmental and the farment
	Penetration around the sprinkler. These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on \$110/11.				and/or designe properly seal pl the theater roo 14. Maintenance di and/or designe	e will umbing in m. irector	

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		A. BUILDING	E CONSTRUCTION 01 - STATE BUILDING	(X3) DATE S COMPLI	eteo
		TNPL53766		B. WING		05/1	0/2011
IAME OF F	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
CAREST	ONE AT RIVERGATI	E		HILLS DRIVE I, TN 37115		_	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIE OF MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X6) COMPLET DATE
D 901	Continued From p	age 3		D 901	properly suppor pipe in the attic		02/
	C/O #27725				Southeast corne		1011
	•, •				15. Facility will repa		2011
D 916	1200-08-2509 (1	6) Building Standards		D 916	in employee lou		1 701
i i					16. Facility will repa		
		contractor shall ensure			replace door to		
i	each ACLF:	plans and specification	ns mat in		to the outside.		1
ļ	CONTROLL.		i		17. Maintenance di	rector	
		pressure shall be mai			and/or designee	will	
ì		ea, tollet room, janitor		ļ į	repair door hard	lware in	
į		other such soiled space		j	room 205.		•
ļ		re shall be maintained		i	18. Maintenance di	recta r	
;	clean areas including, but not limited to, clinen rooms and clean utility rooms;		Ozodii	•	and/or designed	will	
i	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	received and dispart dailing receiver			repair carpet to		
į		eighty (80) square fed		!	trip hazard in er		
ĺ		ust be provided each			apartment 229.		
ì		have more than two (curtains must be pro			19. Maintenance di	rector	
!		ted by the resident;	videa and		and/or designee	will	
į	oran mon roduos				repair carpet to	prevent	
:		nd dining areas capab			trip hazard in er	ntry of	
i		l residents shall be pr			apartment 244.		
į		fifteen (15) square fe	et per		20. Maintenance di	rector	
l	resident per dining	area; and	Į		and/or designed	will	
	(d) Each toilet lav	atory, bath or shower	shall		insulate trap in		
. 1		n six (6) persons. Gra			restroom by 25!	5.	
į	and non-slip surfac	es shall be installed a			21. Facility will hire		
i	and showers.				contractor to fi	canopy	
			1		lights.		
!			į		22. Maintenance di		
	This Rule is not m	et as evidenced by:	ļ		and/or designed		
:	Based on observat	ions, it was determine			penetration arc		
;	facility failed to ens	ture proper air pressu	ıres.		sprinkler in the	kitchen	
;	The finding include	:			storage.		
,	Obcariations of the	e facility on 5/10/11 at	1.42-05				
	alth Care Facilities	J Tability On Di TOI ST G			a a balle for the suspense of the 200 compatible seems of the compatible seems		· · // · · · · · · · · · · · · · · · ·

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	17 OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU TNPL53766	R/CUA MBER:	(X2) MULTII A. BUILDING B. WING		(X3) DATE S COMPL	SURVEY ETED
NAME OF F	PROVIDER OR SUPPLIER	114-F23100	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		012011
	ONE AT RIVERGATE	: ∃	94 TWIN I	HILLS DRIVE I, TN 37115			
		Agetin a serviciono			200 metrio III Alt OF 000	PECTIÓN	T
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULI.	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X6) COMPLET DATE
D 916	Continued From pa	age 4		D 916			, .
	PM, the soiled and clean laundry facilities were within the same compartment and not separated		s were				07/10
			eparated		1200-08-2509 (16))	1 - 1
1	by a wall or door at	nd could not maintain ive air pressures requ	the ired for		Building Standards	D 916	2011
	soiled and clean ar	eas.		l	Sa alliano alli la alla a		
					Facility will build a		
	This finding was ve	erified by the maintena	эпсе		between the soiled		
ļ	supervisor and ack			1	laundry rooms to d		İ
Ì	5/10/11.	g the exit conference	on		create a negative ai		
	Or TOST 1.				the soiled side and	•	1
D 923	1200-08-2509 (23	3) Building Standards		D 923	air flow on the clea	n side.	
	/001Th				1200-08-2509 (23)		}
ŧ	that shall be monito	(23)The department requires the following a that shall be monitored twenty-four (24) hou day:			Building Standards		
į	uay.		Í		1. Facility will con	tract with	ļ
į	(a) Fire alarms; an	d			a monitoring co		
į		•			supervise the fi		•
į	(b) Generators (if a	applicable).		.,	and maintain co	-	
i				-	service.		
	This Rule is not me		.		2. Facility will con		
		ons, records review,		İ	a monitoring co	•	
		iite personnel the faci ment for alarm monito			supervise the fi	-	
	twenty-four hour ba		rud on a		and maintain co	nstant	
:		·			service.	_	
: '	The findings include):	ŀ		3. Maintenance di		
:	6 1		, l		and/or designer		
		ecords review at of th	e racility		maintain curren		
7	on 5/10/11 revealed	i the following:		İ	alarm inspection		ł
1	1. At 8:32 AM Hov	on removal of commu	nication		maintenance re		•
		system dialer no loc		ļ	accessible as re	quired.	
		eceived and no confin		i			-
	and the second s	om any supervising s					
; ;	2. At 10:40 AM, ur	on interview with Inte	ernationai				
		ADT it was revealed					; ;

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM	R/CUA MOER:	(X2) MULTIP	LE CONSTRUCTION O1 - STATE BUILDING	(K3) OATE S COMPL	
		TNPL53766		B. WING	OI-SIMIL BUILDING	N5/1	0/2011
VAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
CAREST	ONE AT RIVERGATI	Ξ		HILLS DRIVE I, TN 37115			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETO DATE
D 923	Continued From p	age 5		D 923			
	facility was unmon	itored for fire alarm.			C/O # 27725 1200-08-2510 (1)		07/11
	·				Life Safety D 1001		
		ised on records reviel			enc ourcey is adda		2011
ļ	records were miss	inspection and maint ing	enance		1. Facility will pro	vide	
į		•			appropriate du	mp ash	
!	These findings wer	itenance		containers in de	-	ĺ	
ļ	supervisor and ack administrator durin	on	. 1	smoking areas.			
# 1	5/10/11,	g tilo tall tomolone	J.,		2. Maintenance D		
					and/or designe		
į	C/Q #27725				repair exit door stairwell #1.	· ıu	
D1001:	1200-08-25-,10 (1)	Life Cafety	j	D1001	Stairweii #1. 3. Maintenance D	irastar	!
Disci	1200-00-20-, 10 (1)	Life Salety	1	D1001	and/or designe		1
ì		nt will consider any AC		1	adjust door to	C 94114	
	complies with the r	equired applicable but	ilding and		housekeeping o	loset near	
		ins at the time the Boa or regulations, so long			room 255 to lat		:
;	compliance is main	itained (either with or	y as such p		the penetration	on the	ĺ
	waivers of specific	provisions) to be in	1		door around the	e door	i
		e requirements of the	new		knob.		
ĺ	codes or regulation	IS ,			 Maintenance d 		
!					and/or designe		į
:			-		adjust and/or fi	ix door at	İ
		not met as evidenced			room 258.		
		ions, it was determine	d the		5. Maintenance D		
;	applicable building	aply with the required and safety requirement	nts in		and/or designe		1
	use at the time of a				repair exit door stairwell #1.	· IR	
			ĺ	ļ	Stairweii #1. 6. Maintenance di	iractor	
	The findings include	9 :	ļ		and/or designe		1
į,	Observations made	during a tour of the f	acility on		repair egress of		:
	5/10/11 revealed th				Southeast corri		
į	a	and disease distance			and will mainta		i
		ash dump device was lignated smoking are:		•	documentation		:
	front and interior co		20) 21 II II 		shall be periodi	cally	•

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(EACH DEFICIENCY REGULATORY OR LEACH DEFICIENCY REGULATORY OF	94 MAI MENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	or did	B. WING _ RESS, CITY, S ILLS DRIVE TN 37115 ID FREFIX TAG		ECTION HOULD BE PROPRIATE y and ector ignee ouli oud em is	10/2011 COMPLET DATE
SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From particles and particle	94 MA ATEMENT OF DEFICIENCIES A MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION ge 6 stalrway (vertical exit) do ositively latch at the botto door to housekeeping ne ositively latch and is froom 258 the door has a	or did	ILLS DRIVE TN 37115 ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE AP DEFICIENCY) checked for safet allows egression. 7. Dining service dir (DSD) and/or des shall ensure the p station for the ho suppression syste not obstructed. 8. Facility shall hire contractor to adju	ECTION HOULD BE PROPRIATE y and ector ignee ouli oud em is	(X5) COMPLET DATE
SUMMARY STA (EACH DEFICIENCY REGULATORY OR E Continued From pa 2. At 8:12 AM, the state of self close and pastairwell #1. 3. At 8:57 AM, the state of senetrated. 4. At 12:49 PM, at 12:49 PM, at 12:49 PM, at 12:49 PM, at 14:43 PM the si	MATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION ge 6 stairway (vertical exit) do ositively latch at the botto door to housekeeping ne ositively latch and is	or did	TN 37115 ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SI- CROSS-REFERENCED TO THE AP DEFICIENCY) Checked for safet allows egression. 7. Dining service dir (DSD) and/or des shall ensure the p station for the ho suppression syste not obstructed. 8. Facility shall hire contractor to adju	y and ector ignee ouli en is	DATE
(EACH DEFICIENCY REGULATORY OR LEACH DEFICIENCY REGULATORY OF	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION ge 6 stalrway (vertical exit) do ositively latch at the botto door to housekeeping nebsitively latch and is	or did	PREFIX TAG	(EACH CORRECTIVE ACTION SECROSS-REFERENCED TO THE AP DEFICIENCY) checked for safet allows egression. 7. Dining service dir (DSD) and/or des shall ensure the partition for the homogeneous system of obstructed. 8. Facility shall hire contractor to adjunction to the partition of the homogeneous system.	y and ector ignee ouli en is	DATE
2. At 8:12 AM, the stairwell #1. 3. At 8:57 AM, the com 255 did not potenetrated. At 12:49 PM, at reap at the top and is At 1:43 PM the si	stairway (vertical exit) do ositively latch at the botto door to housekeeping nebsitively latch and is soom 258 the door has a	or did om of ar	D1001	allows egression. 7. Dining service dir (DSD) and/or des shall ensure the p station for the ho suppression syste not obstructed. 8. Facility shall hire contractor to adji	ector ignee ouli ood em is	07/1
tairwell #1. At 1:47 PM, the Selayed egress lock ctivation of the pusion. At 1:54 PM, the kation was obstructed at 1:59 PM, the kation was obstructed at 2:10 PM, recorquired boiler inspects. At 2:10 PM, recorquired boiler inspects.	did not disengage upon h bar for 3 seconds. itchen hood suppression ed by a shelf unit. itchen hood suppression de coverage for all ds review revealed that otions were out of date.	oor pull		inspected current 10. a. Facility shall en elevator operatin certificate for #31 available for revie is current. b. Facility shall en hood maintenanc inspections are cu c. facility shall ma current sprinkler	riate I. In ne s are cly. ssure g .899 is ew and ssure e and urrent. nintain	
The required eleving operating certifications	ate. I maintenance was miss	ing,		inspections repor available for revie d. Facility shall pr documentation of	ts ew. ovide f	
	elayed egress lock divation of the pustal triangle of the pustal At 1:54 PM, the kation was obstructed at 1:59 PM, the kazles did not provipfiances served. At 2:10 PM, recorpuired boiler insperies owing: The required elevation operating certificates the last service of the last service of the pustal required hoose the last service of the last	elayed egress lock did not disengage upon divation of the push bar for 3 seconds. At 1:54 PM, the kitchen hood suppression ation was obstructed by a shelf unit. At 1:59 PM, the kitchen hood suppression zzles did not provide coverage for all pliances served. At 2:10 PM, records review revealed that truited boiler inspections were out of date. At 2:10 PM, records review revealed the owling: The required elevator, #31899 was missin operating certificate. The required hood maintenance was missing the last service or inspection being 2/24/4. All the sprinkler maintenance and inspection.	At 1:54 PM, the kitchen hood suppression pull ation was obstructed by a shelf unit. At 1:59 PM, the kitchen hood suppression zzies did not provide coverage for all pliances served. At 2:10 PM, records review revealed that the quired boiler inspections were out of date. At 2:10 PM, records review revealed the owling: The required elevator, #31899 was missing operating certificate. The required hood maintenance was missing, a the last service or inspection being 2/24/10. All the sprinkler maintenance and inspection	At 1:54 PM, the kitchen hood suppression pull ation was obstructed by a shelf unit. At 1:59 PM, the kitchen hood suppression zzies did not provide coverage for all priances served. At 2:10 PM, records review revealed that the quired boiler inspections were out of date. At 2:10 PM, records review revealed the owling: The required elevator, #31899 was missing operating certificate. The required hood maintenance was missing, a the last service or inspection being 2/24/10. All the sprinkler maintenance and inspection	boiler inspections inspected current stream of the push bar for 3 seconds. At 1:54 PM, the kitchen hood suppression pull atton was obstructed by a shelf unit. At 1:59 PM, the kitchen hood suppression pull available for review revealed that the pulled boiler inspections were out of date. At 2:10 PM, records review revealed the owling: At 2:10 PM, records review revealed the owling: The required elevator, #31899 was missing on the last service or inspection being 2/24/10. All the sprinkler maintenance and inspection boiler inspections inspections inspected current specificate. 10. a. Facility shall end elevator operating certificate for #31 available for review is current. b. Facility shall end is current. b. Facility shall end is current. b. Facility shall end is current. b. Facility shall end is current. b. Facility shall end is current. b. Facility shall end is current. b. Facility shall end elevator is current. b. Facility shall end is current. certificate for #31 available for review is current. b. Facility shall end elevator operating is current. certificate for #31 available for review is current. b. Facility shall end elevator operating certificate is current. certificate for #31 available for review is current. b. Facility shall end elevator operating is current. certificate for #31 available for review is current. certificate for #31 available for review is current. certificate for #31 available for review is current. certificate for #31 available for review is current. certificate for #31 available for review is current. certificate for #31 available for review is current. certificate for #31 available for review is current. certificate for #31 available for review is current. certificate for #31 available for review is current. certificate for #31 available for review is current. certificate for #31 available for review is current. certificate for #31 available for review is current. certificate for #31 available for review is current. certificate for #31 available	boiler inspections are inspected currently. At 1:54 PM, the kitchen hood suppression pull ation was obstructed by a shelf unit. At 1:59 PM, the kitchen hood suppression pull ation was obstructed by a shelf unit. At 1:59 PM, the kitchen hood suppression pull available for review and is current. The private pulled boiler inspections were out of date. At 2:10 PM, records review revealed that the quired boiler inspections were out of date. At 2:10 PM, records review revealed the owling: The required elevator, #31899 was missing to operating certificate. The required hood maintenance was missing, to the last service or inspection being 2/24/10. All the sprinkler maintenance and inspection boiler inspections are inspection soll elevator perating certificate inspections are inspection available for review and is current. b. Facility shall ensure hood maintenance and inspections are current. c. facility shall maintain current sprinkler maintenance and inspections reports available for review. d. Facility shall provide documentation of policies and procedures for review. All the sprinkler maintenance and inspection

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Divisio	n of Health Care Fac	ilities				FORM	APPROVE
	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	R/CUA MBER:	(X2) MULT A. BUILDIN B. WING		(X3) DATE S COMPL	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DORESS, CITY,	STATE, ZIP CODE		
	TONE AT RIVERGATE	•		HILLS DRIV V. TN 37115			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY .SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D1001	finishes documenta These findings wen supervisor and ack	ing. intents, furnishings an ation was missing. e verified by the main	tenance	D1001			2011
D1002	residents by doing a (a) Eliminate fire ha This Rule is not me	ensure fire protection at least the following: azards;		D1002	1200-08-2510 (2)(a) Life Safety D1002 Facility shall ensure residence adequate oxygen in apartment and will store containers in appropriate and/or remove from the	their excess e area	
	facility failed to ensure elimination of fire hat the findings include Observations made 5/10/11 revealed oxylinside sleeping room 1. At 11:37 AM, roof oxygen in storage 2. At 1:25 PM, roof oxygen in storage. These findings were	Ire fire protection by to exards. during a tour of the fi ygen not in use being as in the following loc orn 110 had 7 "E" of	he acility on stored ations:		oxygen cylinders from the facility.		Annual design of the second of

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Divisio	n of Health Care Fac	ilities				I Oldyi	APPROVED
STATEME	nt of deficiencies of correction	(X1) PROVIDER/SUPPLIES IDENTIFICATION NUM		(X2) MULTIPI A. BUILDING B. WING	LE CONSTRUCTION 01 - STATE BUILDING	(X3) DATE SURVEY COMPLETED 05/10/2011	
NAME OF	PROVIDER OR SUPPLIER	1 200120	STREET AD	DRESS, CITY, ST	(ATE, ZIP CODE		
ł	TONE AT RIVERGATE			HILLS DRIVE I, TN 37115			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D1023	regarding electrical safety of residents: (b) Provide general resident and equip power; This Rule is not me Based on observatifacility failed to main resident. The finding include: Observations of the AM, revealed that the room 103. This finding was versupervisor and acknowledges.	(b) Life Safety take the following pre equipment to ensure I and night lighting for night lighting with emo et as evidenced by: ons, it was determine ntain the night lighting facility on 5/10/11, at he nightlight was inop lifted by the maintena nowledged by the the exit conference of	r each ergency dd the for each t 11:30 erable in	D1002	1200-08-0210 (5)(b) Life Safety D1023 Maintenance director at designee shall repair the light in room 103. 1200-08-2510 (5)(c) Life Safety D1024 1. Maintenance director at designee properly close the junction box and fan housing. 2. Maintenance director and/or designee secure the reception beside the fireples and/or designee ensure receptace GFCI and shall endevices used are circuit protected. 4. Maintenance director directo	ector shall ne open rector will stacle face. rector shall le with a ensure	07/11 2011
; ; ;	regarding electrical safety of residents:	ake the following predequipment to ensure	the	D1024	and/or designed repair receptack North west doul 5. Maintenance disand/or designed reroute cords to damage to the conductors.	e at the ble door. rector shall	

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU TNPL53766		(X2) MULT A. BUILDIN B. WING		(X3) DATE S COMPLE 05/1		
NAME OF F	PROVIDER OR SUPPLIER		STREET ADD	ORESS, CITY.	STATE, ZIP CODE			
	ONE AT RIVERGATE	i	94 TWIN H	HILLS DRIVE N, TN 37115				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETE DATE	
	This Rule is not me Based on observating facility falled to ensity by maintaining all elements and safe oper The findings included Observations made 5/10/11 revealed the 1. At 7:42 AM, and and fan housing we exit. 2. At 7:54 AM, then the left of the fireplatical and the same and the same and the same are in use in South West double devices are in use in South West double device was not ground the North West double to	et as evidenced by: ons, it was determine the fire protection for lectrical equipment in rating condition. c: during a tour of the e following: open electrical junction re observed above the re was a loose reception and the in-use electrical receits g where plug and continue to the in-use electrical receits g where plug and continue	residents a good facility on on box are kitchen tacle to wall, ptacle and the cated. Adjacent place alled a noes lamage	D1024	6. Maintenance dire and/or designee s remove items in t space of the elect panels in the elect room behind the	hall he clear rical trical	07/11 Joll	
<u>;</u> (electrical room behin	d the theater.						

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Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - STATE BUILDING B. WING TNPL53766 05/10/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 94 TWIN HILLS DRIVE **CARESTONE AT RIVERGATE** MADISON, TN 37115 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID (X5) COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) D1024 Continued From page 10 7. Maintenance director D1024 and/or designee will 7. At 9:20 AM, there was an open electrical properly close the open junction box at the South East attic access within electrical junction box at the attic. the South East corner of 8. At 9:54 AM, there was a broken and improper the attic. joint in the armored cable at the junction box in 8. Maintenance director the North East attic. and/or designee shall repair the broken At 10:49 AM, the ground fault circuit armored cable and interrupter receptacle was inoperable in room 132. properly joint the armored cable in the 10. At 11:30 AM, an electrical receptacle was junction box in the North pushed in behind the surface of the face-plate Eat attic. and the overhead light was missing a cover in 9. Maintenance director room 103. and/or designee shall 11. At 11:47 AM, there was a defective ground repair or replace GFCI in fault circuit interrupter in the bathroom of room room 132. 10. Maintenance director and/or designee shall 12. At 11:53 AM, the receptacle adjacent to the repair the receptacle and sink at the floor level was not a ground fault return it to flush and circuit interrupter in the lounge. secure with the face 13. At 12:15 PM, in the North East mechanical plate. Also shall replace room a plug and cord appliance was installed the missing light cover in through the wall. apartment 103. 11. Maintenance director 14. At 12:18 PM, in room 131 the ground fault circuit interrupter was inoperable. and/or designee shall repair or replace GFCI in 15. At 1:07 PM, in room 219 a loose and room 117. improperly wired receptacle was observed behind 12. Maintenance director : the television, and/or designee shall replace the receptacle 16. At 1:15 PM, in room 227 the ground fault circuit interrupter was malfunctioning at the sink. adjacent to the sink at ground level with a GFCI 17. At 1:30 PM, in the North East mechanical in lounge.

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Division of Health Care Facilities (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 01 - STATE BUILDING A. BUILDING B. WING 05/10/2011 TNPL53766 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 94 TWIN HILLS DRIVE CARESTONE AT RIVERGATE MADISON, TN 37115 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE (X4) IO PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG 13. Maintenance director 67/11 D1024 Continued From page 11 D1024 and/or designee shall room there was storage within the required clear properly install 2011 space at the electrical panels. receptacle to remove cords from penetrating 18. At 1:35 PM, in room 240 the receptacle was through the wall. not ground fault circuit interrupter protected at the sink. 14. Maintenance director and/or designee shall 19. At 1:37 PM, in room 242 there was a repair or replace GFCI in malfunctioning ground fault circuit interrupter room 131. receptacle over the refrigerator. 15. Maintenance director and/or shall repair or These findings were verified by the maintenance supervisor and acknowledged by the replace receptacle in administrator during the exit conference on apartment 219 behind 5/10/11. the television. 16. Maintenance director D1027 D1027 1200-08-25-10 (5)(f) Life Safety and/or designee shall repair or replace GFCI in (5) An ACLF shall take the following precautions room 227 at the sink. regarding electrical equipment to ensure the safety of residents: 17. Maintenance director and/or designee shall (f) Ensure that power strips are equipped with remove items in the clear circuit breakers; and space of the electrical panels in the electrical room on the North East This Rule is not met as evidenced by: side of the facility. Based on observations it was determined the facility failed to ensure fire protection by ensuring 18. Maintenance director that all power strips are equipped with circuit and/or designee shall breakers. repair or replace GFCI in room 240 at the sink. The findings include: 19. Maintenance director Observation of the facility on 5/10/11 at 12:15 and/or designee shall PM, revealed that in the North East mechanical repair or replace GFCI in room a power strip that was not circuit breaker room 242 over the protected was installed. refrigerator. 2. Observation of the facility on 5/10/11 at 12:41

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	A. BUILDING	LE CONSTRUCTIÓN 01 - STATE BUILDING	(X3) DATE S COMPL	URVEY ETED
		TNPL53766		B. WING		05/1	0/2011
	PROVIDER OR SUPPLIER ONE AT RIVERGATE		94 TWIN I	DRESS, CITY, STA HILLS DRIVE I, TN 37115	ATE, ZIP CODE		
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D1028	These findings were supervisor and acknowledge administrator during 5/10/11. 1200-08-2510 (5)((5) An ACLF shall the regarding electrical safety of residents: (g) Prohibit use of a continuous con	n room 249 a power siker protected was in: e verified by the main nowledged by the graph the exit conference (g) Life Safety take the following presequipment to ensure extension cords. It as evidenced by: ons, it was determine are fire protection for the of extension cords in use room 249 com 249	stalled, Itenance on acautions the ad the residents	D1028	1200-08-2510 (5)(f) Life Safety D1027 Maintenance Director a designee shall ensure p strip in North East med room and in apartment replaced with a circuit i protected power strip. 1200-08-2510 (5)(g) Life Safety D1028 Maintenance director a designee shall ensure t extension cords located apartments 249, 229, a are removed.	ower hanical 249 is breaker and/or he	07/1
; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	supervisor and ackno	verified by the maint owledged by the the exit conference of	ĺ				

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	TEMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNPL53766			(X2) MULTIPLI A. BUILDING B. WING	05/1			
CAREST	ROVIDER OR SUPPLIER ONE AT RIVERGATE		94 TWIN H MADISON,	RESS, CITY, STA	PROVIDER'S PLAN OF CO	RRECTION	(X5)	
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3	1200-08-2510 (6) (6) If an ACLF alice ensure the followin (d) Written policies within the ACLF shoused exclusion the designated smooth the designated sm	SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 13 1200-08-2510 (6)(d) Life Safety (6) If an ACLF allows residents to smoke, it shall ensure the following: (d) Written policies and procedures for smoking within the ACLF shall designate a room or rooms to be used exclusively for residents who smoke. The designated smoking room or rooms shall not be the dining room, the activity room, or an individual resident sleeping unit, and; This Rule is not met as evidenced by: Based on records review, it was determined the facility failed to ensure fire protection for residents by providing written smoking policies and procedures. The finding include: Records review on 5/10/11 at 2:10 PM, revealed that the written smoking policy and procedures was not provided. This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on		D1032 D1032 1200-08-2510 (6)(d) Life Safety D1032 Administrator and/or designee shall provide a smoking policy and procedures as required to protect residents. C/O 27725 1200-08-2510 (8)(a) Life Safety D1035 1. Administrator and/or designee shall properly identify the FDC with signage above the connection. 2. Maintenance director and/or designee shall at inspection have the following sprinklers cleaned, SE, NE E, W overhead at the canopy on the front of the			DATE DATE	
D1035				D1035	facility, apart outside of ap in the corrido 3. Maintenance and/or desig have the spri	artment 112 or. director nee shall inkler heads		

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	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNPL53766		A BUILDING	(X2) MULTIPLE CONSTRUCTION A BUILDING 01 - STATE BUILDING B. WING		URVEY ETEO 0/2011	
	CARESTONE AT RIVERGATE 94 TWIN H MADISON,		DDRESS, CITY, STATE, ZIP CODE HILLS DRIVE N, TN 37115				
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	Based on observal determined the face equipment in good condition. The findings included the face of the findings included the face of the findings included the face of the findings included the finding included the face of the finding included the face of the finding included the	net as evidenced by: tions and records revi tions and records revi tions and records revi tions and records revi titins and in safe op de: e during a tour of the he following: e fire department con- roper signage. s were observed in the tine South East, North erhead canopy location in room 125 cutside room 112 in th he sprinklers were inst impartments as stand llowing focations: the study	all safety erating facility on nection East, ins e corridor alled ard type	D1035	replaced with tappropriate sphead. 4. Maintenance dand/or designe repair the exit the SW double adjacent to the SM admintenance dand/or designe document exit and shall repla batteries for the following exit I lobby, NW smoon second floo Maintenance dand/or designe ensure the sprisecure and the escutcheons are to the ceiling in following areas room at double exit corridor, a 249 vicinity, an smoke door.	rinkler lirector ee shall light over door e fireplace. lirector ee shall light tests ce the lights lights lights lights lights lirector ee shall lirector ee shall inklers are e secured o the se doors, N partment	201
		ck-up for the exit light following locations:	s were				4

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Division of Health Care Facilities (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 01 - STATE BUILDING A. BUILDING B. WING 05/10/2011 TNPL53766 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 94 TWIN HILLS DRIVE **CARESTONE AT RIVERGATE** MADISON, TN 37115 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X6) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D1035 D1035 Continued From page 15 b. At 8:58 AM, at the North West smoke door on the 2nd floor 6. Sprinklers were loose and escutcheons were pulled away from the ceiling in the following locations: a. At 8:41 AM, at the North dining room double doors a sprinkler is pulled away from ceiling b. At 8:47 AM, A sprinkler escutcheon is loose in the North exit corridor At 8:49 AM, a sprinkler escutcheon is loose in the corridor at room 249 d. At 9:00 AM, a sprinkler escutcheon is loose above the South West smoke door These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 5/10/11. C/O #27725 D1039 D1039, 1200-08-25-.10 (9) Life Safety (9) An ACLF shall post emergency telephone 1200-08-25-.10 (9) 11/50 numbers near a telephone accessible to the Life Safety D 1039 residents. 2011 Administrator and/or This Rule is not met as evidenced by: designee shall post Based on observations, it was determined the emergency numbers close to facility failed to post the emergency telephone all common area telephones. numbers near an accessible telephone. The finding include: Division of Health Care Facilities

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SUMMARY ST (EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY	MADISON	IILLS DRIVE TN 37115				
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		FULL !	ID PREFIX TAG	ISACH COR	R'S PLAN OF CORRE RECTIVE ACTION SH RENCED TO THE APP DEFICIENCY)	OULD BE	(XS) COMPLETE DAYE
Continued From page 16			D1039	039 1200-08-2510 (10) Life Safety D1045			07/11
evealed that the famergency telephones. This finding was valupervisor and acideministrator during 10/11. 200-08-2510 (1-10)An ACLF shall environment in a say doing at least the finding and elected in clean conditions. Placed on observationing, plumbing epair and in clear clear in clear in clear in incorrect sized Vest comer sitting.	acility failed to provide one numbers for residence numbers for residence for residence desired by the maintence of the exit conference of the facility on the facility on 5/10/1 of the facility on 5/10/1 of the facility on 5/10/1 of the facility on 5/10/1 of the facility on 5/10/1 of the facility on 5/10/1 of the facility on 5/10/1 of the facility on 5/10/1 of the facility on 5/10/1 of the facility on 5/10/1 of the facility on 5/10/1 of the facility on 5/10/1 of the facility on 5/10/1 of the facility on 5/10/1 of the facility on 5/10/1 of the facility on 5/10/1 of the facility on 5/10/1 of the facility on 5/10/1	ed the eating, s in good 1 at 8:49 contains e North	D1045	1. N a e c c c 3. N a f s c c c c c c c c c c c c c c c c c c	Maintenance directed in the street size. Maintenance Direct size. Maintenance Direct size. Maintenance Direct size. Maintenance Direct size. Maintenance directed in the carbon in the carbon in the size of the size of the size of the disconnect are all the disconnect are	shall IW ra is the ector shall ron ors y alarms rector shall duct or the orner rector will and/or ected it #8 in rector shall ust fan in s	2011
SUPERIOR TRANSPORTS OF THE PARTY OF THE PART	evealed that the formergency telephones. This finding was was upervisor and acideministrator during 10/11. 200-08-25-10 (1-10) An ACLF shall nationment in a say doing at least the furning and elected in clean conditions and in clean conditions and in clean conditions and in clear the findings included the findings included the findings included the conditions are consistent and in clear the findings included the conditions are consistent and in clear the findings included the conditions are consistent and in correct sized west corner sitting and conditions are conditions and conditions are conditions and conditions are conditions.	evealed that the facility failed to provide mergency telephone numbers for reside telephones. This finding was verified by the maintent opervisor and acknowledged by the deministrator during the exit conference of 10/11. The safety of the	his finding was verified by the maintenance opervisor and acknowledged by the dministrator during the exit conference on /10/11. 200-08-2510 (10)(f) Life Safety 10)An ACLF shall maintain its physical nationment in a safe, clean and sanitary manner by doing at least the following:) Maintain the building and its heating, cooling, lumbing and electrical systems in good repair and in clean condition at all times; and this Rule is not met as evidenced by: ased on observations, it was determined the acility failed to maintain the buildings heating, cooling, plumbing and electrical systems in good epair and in clean condition. The findings include: Observation of the facility on 5/10/11 at 8:49 M, revealed that the return air register contains in incorrect sized filter and is dirty in the North West corner sitting area. Observation of the facility on 5/10/11 at 9:43 M, revealed that a carbon monoxide monitor bunding an active alarm was observed in the	prevaled that the facility failed to provide mergency telephone numbers for residents at the telephones. This finding was verified by the maintenance opervisor and acknowledged by the diministrator during the exit conference on 1/10/11. 200-08-2510 (10)(f) Life Safety D1045 D1045 D1045 D1045 D1045 D1045 D1045 D1046 D1046 D1047 D1047 D1047 D1047 D1047 D1048 D1048 D1048 D1048 D1048 D1048 D1048 D1048 D1048 D1048 D1045 D	abservations of the facility on 5/10/11 at 9:10 AM, bevealed that the facility failed to provide mergency telephone numbers for residents at the telephones. This finding was verified by the maintenance uppervisor and acknowledged by the diministrator during the exit conference on /10/11. 200-08-2510 (10)(f) Life Safety 10)An ACLF shall maintain its physical miniment in a safe, clean and sanitary manner by doing at least the following: 1 Maintain the building and its heating, cooling, lumbing and electrical systems in good repair and in clean condition at all times; and 4. If this Rule is not met as evidenced by: assed on observations, it was determined the acility failed to maintain the buildings heating, cooling, plumbing and electrical systems in good spair and in clean condition. The findings include: Cobservation of the facility on 5/10/11 at 8:49 M, revealed that the return air register contains in incorrect sized filter and is dirty in the North West comer sitting area. Cobservation of the facility on 5/10/11 at 9:43 M, revealed that a carbon monoxide monitor bounding an active alarm was observed in the	1. Maintenance directly failed to provide mergency telephone numbers for residents at the facility failed to provide mergency telephone numbers for residents at the telephones. In this finding was verified by the maintenance uppervisor and acknowledged by the diministrator during the exit conference on 1/10/11. 200-08-25-10 (10)(f) Life Safety 10)An ACLF shall maintain its physical moritorment in a safe, clean and sanitary manner by doing at least the following: 10) Maintain the building and its heating, cooling, lumbing and electrical systems in good repair and in clean condition at all times; and 1. Maintenance directly and/or designee ensure filter on Normal correct size. 2. Maintenance Directly and/or designee monitor the carb monoxide monitor documenting and or potential haza or potential haza or potential haza or potential haza or potential haza and/or designee properly seal the work at unit #2 if attic in the SW of the findings include: 1. Maintenance directly and/or designee ensure filter on Normal correct size. 2. Maintenance Directly and/or designee monitor the carb monoxide monitor or potential haza and/or designee ensure the exha apartment 145 in the subject of the facility on 5/10/11 at 8:49 and/or designee ensure the exha apartment 232 in the work at unit the potential or the potential properties of the facility on 5/10/11 at 8:49 and/or designee ensure the exha apartment 232 in the work at unit the potential properties of the facility on 5/10/11 at 8:49 and/or designee ensure the exha apartment 232 in the properties of the facility on 5/10/11 at 9:43 and/or designee ensure the exha apartment 232 in the properties of the facility on 5/10/11 at 9:43 and/or designee ensure the exha apartment 232 in the properties of the facility on 5/10/11 at 9:43 and/or designee ensure the exha apartment 232 in the properties of the facility on 5/10/11 at 9:43 and/or designee ensure the exha apartment 232 in the properties of the facility on 5/10/11 at 9:43 and/or designee ensure the exha apartment 232 in t	severations of the facility on 5/10/11 at 9:10 AM, everaled that the facility failed to provide mergency telephone numbers for residents at the telephones. In Maintenance director and/or designee shall ensure filter on NW corner sitting area is the correct size. Maintenance Director and/or designee shall ensure filter on NW corner sitting area is the correct size. Maintenance Director and/or designee shall monitor the carbon monoxide monitors documenting any alarms or potential hazards. Maintenance director and/or designee shall monitor the carbon monoxide monitors documenting any alarms or potential hazards. Maintenance director and/or designee shall properly seal the duct work at unit #2 in the attic in the SW corner. Maintenance director and/or designee will repair, connect and/or designee will repair, connect and/or seal the duct work at unit #2 in the attic in the SW corner. Maintenance director and/or designee will repair, connect and/or designee will repair, connect and/or designee will repair, connect and/or designee will repair, connect and/or designee shall ensure the exhaust fan in apartment 145 is cleaned. Observation of the facility on 5/10/11 at 8:49 M, revealed that the return air register contains in incorrect sized filter and is dirly in the North West corner sitting area. Observation of the facility on 5/10/11 at 9:43 M, revealed that a carbon monoxide monitor ounding an active alarm was observed in the

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	ATEMENT OF DEFICIENCIES (X1) FROVIDERISUPPLIERICLIA (DENTIFICATION NUMBER: TNPL53766			(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - STATE BUILDING B. WING		(X3) QATE SURVEY COMPLETED 05/10/2011	
	PROVIDER OR SUPPLIER FONE AT RIVERGATE		94 TWIN H	RESS, CITY, STA HLLS DRIVE TN 37115	ATE, ZIP CODE		
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	AM, revealed that it unsealed ductwork corner of the attic. 4. Observation of AM, revealed that it disconnected at unsealed that it disconnected at unsealed that it bathroom exhaust. 6. Observation of PM, revealed that it bathroom exhaust. These findings were supervisor and ack administrator during 5/10/11. 1200-08-2516 (1) (1) An ACLF shall all supervisory persof the following discevacuation plans reconstruction and ack administrator during 5/10/11.	the facility on 5/10/11 there was improper an at unit #2 in the South the facility on 5/10/11 the main supply duct wait #8 in the attic. The facility on 5/10/11 in room 145 there was the facility on 5/10/11 in room 232 there was the verified by the main and the exit conference of the exit conferen	at 10:00 was at 12:37 at dirty at 1:25 a dirty tenance on iness ailable for n copies imes:	D1045	1200-08-2516 (1)(a) Disaster Preparedness 1. Administrator a designee shall proceed the designee shall system. Staff si receive documented training on proceeding a room alerting the face event of a fire. 2. Administrator designee shall staff is trained documented or drills. The fire records shall be specific current identifying the employees parting the drill. The disaster shall be accessible for	and/or provide aining for the light hall also ented perly hand dility in the and/or ensure and n disaster drill e more tly tticipating e fire and	701
	•	cedures; and	The state of the s		in the drill. The	e fire an ce	rg d

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	TEMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNPL53766			(X2) MULTIF A. BUILDING B. WING	PLE CONSTRUCTION 3 01 - STATE BUILDING	(X3) DATE \$ COMPU 05/1			
AME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	TATE, ZIP CODE				
				HILLS DRIVE I, TN 37115					
(X4) IB PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REPERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLEY DATE		
D1601	Continued From pa	ge 18		D1601					
	This Rule is not met as evidenced by: Based on observations, records review, and staff interviews it was determined the facility falled to provide and follow written fire and disaster plans. The findings include: 1. Observations during a fire drill at the facility on 5/10/11 beginning at 10:49 AM, and ending at 11:04 AM, revealed the following; three attempts were made at conducting a fire drill. The first attempt revealed that 4 out of 4 signal receiving devices (beepers) for the call light system were turned off and no call signal could be received by the staff. The second attempt resulted in staff member #1 failing to clear the room, failing to call code red, and falling to activate the pull station. The third attempt resulted in the staff member failing to clear the room, failing to call code red, and falling to activate the pull station. Upon					i de completa de la completa del la completa del la completa del la completa de la completa de la completa del la completa del la completa del la completa del la completa del la completa del la complet			
: !.	not received training. 2. Records review on 5/10/11 at 2:10 PM, revealed the following: a. The required disaster drills had not been conducted. b. The required written fire and disaster plans were not available.								
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		uation records did not participating in the to	•						
	These findings were supervisor and ackn	verified by the maint owledged by the	enance	THE CASE OF THE PERSON OF THE					

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Division	of Health Care Faci	lities								
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	R/CLIA MBER:	(X2) MULTIP A. BUILDING B. WING		(X3) DATE \$ COMPLI	URVEY ETED 0/2011			
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TAG	REGULATOR OR COOLDERTH TIME IN CHILDREN			IAG	DEFICIENCY)		<u> </u>			
D1601	Continued From page 19			D1601			2011			
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Division of H	ealth Care Facilities			1 		If cooling	ation sheet 20 of 20			

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